

ESPANOLA NURSING HOME CONTINUOUS QUALITY IMPROVEMENT (CQI) REPORT 2026-2027

CONTINUOUS QUALITY IMPROVEMENT

Espanola Nursing Home has an established, resident-centred CQI framework grounded in a systematic, team-based approach to quality improvement. CQI activities are supported by a multidisciplinary CQI Committee with representation from all disciplines within the Home. The committee meets quarterly to review progress, monitor outcomes, identify opportunities for improvement, and adjust action plans as needed.

Each year, the Home reviews quality indicator data, internal performance trends, resident and family feedback, and other relevant information to guide indicator selection. This ensures alignment with provincial priorities while addressing internal gaps and opportunities. Input from the Resident Council and Family Council is actively incorporated when identifying priority areas, with updates and outcomes shared at monthly meetings. This framework includes structured processes to monitor progress, implement adjustments, and communicate outcomes related to priority quality improvement initiatives for the upcoming fiscal year.

2026–2027 CQI PRIORITY AREAS

Resident and Family Satisfaction

Espanola Nursing Home conducts annual resident and family satisfaction surveys from November 1 to January 31. Surveys are available electronically and, upon request, in paper format to support accessibility and participation from residents, families, and substitute decision-makers.

This past year, 61 surveys were available for completion, with 42 returned submissions, including 33 completed by residents. This represents the highest resident survey participation rate in the past three years and reflects improved accessibility and engagement strategies. Survey results are shown in the table below.

Prior to survey administration, each resident's cognitive status is assessed to determine the most appropriate method of completion and to maximize participation. Residents requiring assistance are provided with unbiased one-to-one support to ensure responses

reflect their own perspectives. Resident and Family Councils are notified during monthly meetings, and email reminders are sent to POAs/SDMs on December 1 and January 2.

To further support participation, the Home has standardized visual survey aids using plain-language principles and lower literacy levels. This ensures residents with varying cognitive, communication, and educational needs can meaningfully participate.

Based on survey results, continued education and discussion regarding residents' rights have been identified as areas for improvement. The Residents' Bill of Rights will be reviewed monthly at Resident and Family Council meetings, with opportunities for discussion, feedback, and shared learning.

Survey results are analyzed to identify trends, strengths, and opportunities for improvement. Findings were reviewed with leadership, the CQI Committee, Resident Council, Family Council, and staff on June 2, 2026, and shared through this report by July 1, 2026. Results inform action planning, ongoing monitoring, and evaluation of improvements in resident and family experience.

Continence Care

The Home identified that resident and family perspectives have been underrepresented in relation to continence care and product use. To address this gap, targeted questions on continence care product satisfaction will be added to the annual resident and family survey. This will gather meaningful feedback on comfort, fit, effectiveness, and overall satisfaction with current products.

Medication Management

Medication management has been identified as a priority for the 2026–2027 fiscal year. Review of internal data indicated that 94% of medication incidents reached residents. Although not all incidents result in harm, this highlights the need to strengthen medication safety practices. The objective is to reduce preventable medication incidents, improve staff awareness of risks, and promote timely reporting and follow-up. Focus areas include reinforcing safe medication administration practices (including the rights of medication administration), accurate documentation, order review, communication during transitions, and escalation of concerns.

Staff education is a key strategy and will focus on administration standards, contributing factors to incidents, prevention strategies, documentation, incident reporting, and near-miss identification. Incident trends will be reviewed regularly with staff to support learning, accountability, and consistent practice. Progress will be monitored through incident reporting, trend analysis, education completion, pharmacy and nursing reviews, and CQI

Committee discussions. Outcomes will inform further education, process improvements, audits, and policy updates.

Palliative Care

Espanola Nursing Home provides holistic, person-centred palliative care addressing physical, psychosocial, emotional, and spiritual needs. Goals-of-care discussions begin at admission and are reviewed quarterly or with any significant change in condition.

The Home has adopted the Butterfly Model to support communication and coordinated care when residents are nearing end of life. This approach promotes awareness and compassionate responses from staff, residents, and visitors.

A key focus for the upcoming year is structured staff education on palliative care, end-of-life communication, goals-of-care discussions, documentation, and use of the Butterfly Model. This will support consistent practice and improved communication with residents, families, and the interdisciplinary team.

Avoidable Emergency Visits

With 33% of emergency department visits identified as potentially avoidable, the Home will focus on strengthening early identification and response to changes in resident condition. Staff education will emphasize early recognition, timely assessment, escalation, and communication with the interdisciplinary team and external providers. Standardized communication tools will support consistent information sharing and clinical decision-making.

Wound Care

Wound care remains a priority, with a focus on strengthening staff knowledge, promoting evidence-informed practices, and improving resident outcomes. Staff will participate in Wounds Canada Wound Care Champion courses to build internal expertise.

The Wound Care Committee will continue bi-weekly case reviews, trend analysis, education planning, and follow-up on interventions. A multidisciplinary approach will involve nursing, personal support, dietary, medical, pharmacy, rehabilitation, leadership, and external partners.

In 2026–2027, the Home will implement a more data-driven approach by developing wound care dashboards to track key metrics, identify trends, and support targeted improvements. Data and outcomes will be shared with leadership, CQI Committee, Resident Council, Family Council, and relevant stakeholders.

Fall Prevention

Fall prevention remains a strategic priority within the Quality Improvement Plan. The Home is strengthening its approach through implementation of RNAO Best Practice Guidelines and a standardized process for fall risk assessment and reassessment.

Efforts focus on early identification of risk factors, individualized care planning, timely interventions, and ongoing evaluation following changes in resident condition or fall events.

Key strategies for the upcoming year include improving the reliability of admission fall risk assessments, implementing structured mandatory post-fall huddles, and establishing a Falls Committee. The committee will review incidents, analyze trends, and recommend evidence-based strategies to reduce risk and improve resident safety outcomes.

2026-2027 QUALITY IMPROVEMENT PLAN

Indicator	Dimension	Current Performance 25/26	Target 26/27
% of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Patient-centered	83.33%	>=85%
% of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	Patient-centered	71.43%	>=85%
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents	Efficient	33%	<19%
% of LTC home residents who fell in the 30 days leading up to their assessment	Safe	16.77%	<=15%
% of managers and executive level employees who have completed relevant EDIA-R education.	Equitable	95.83% 23/24	80%

Designated Leads

The designated leads for the CQI initiative are:

- Martin Lees, Administrator, Espanola Nursing Home
- Leanne Cranston, Director of Care, Espanola Nursing Home
- Kayla Whitfield, Professional Practice & Quality Manager